

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11002

STATE FILE NUMBER

FILED APR 15 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2861

S. 300
v. 1-56

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR ST. LOUIS TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR St. Louis TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ST. LOUIS CITY HOSP. INSTITUTION			Length of stay in lb #1	d. STREET (If outside, give location) ADDRESS 2024 A. Carr Street	
3. NAME OF DECEASED (Type or print) ROBERT <i>First</i> DEREK <i>Middle</i> SANDERS <i>Last</i>			4. DATE OF DEATH MAR. 22, 1957 <i>Month Day Year</i>		
5. SEX Male <i>2</i>	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-3-1954	9. AGE (In years last birthday) 3	IF UNDER 1 YEAR Months 0 Days 19 Hours Min. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Robert E. Dennis			14. MOTHER'S MAIDEN NAME Irene Sanders		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Irene Sanders <i>Address</i> 2024 A. Carr St.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Apnea DUE TO (b) Neuroblastoma <i>← to eye by nasal cavity of nose, lungs</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 193x					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3/20/57 to 3/22/57 and last saw her alive on 3/22/57 Death occurred at 10:35 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Tom B. Klueh <i>(Degree or title)</i> M. D.			22b. ADDRESS 1515 LAFAYETTE AVE.		22c. DATE SIGNED 3/22/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-25-57	23c. NAME OF CEMETERY OR CREMATORY Greenwood		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR Ellis Funeral Home, Inc. 2820 Stoddard			25. DATE RECD. BY LOCAL REG. MAR 25 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Julius E. Wilkins

Licensed Embalmer No. 4198

PHO. Address *W. J. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.